



The Association of Professional
Engineers and Geoscientists of Alberta

NAME CHANGE REQUEST

CURRENT NAME REGISTERED WITH APEGA: _____

MEMBER #: _____

- Professional Member
- Member in Training
- Professional Licensee
- Examinee/Student

Name Change From _____

Name Change To _____

Please include **ONE** of the following with your name change request:

- I have enclosed a copy of my marriage certificate
- I have enclosed a copy of my legal name change certificate
- I have enclosed a copy of my birth certificate (for returning to maiden or birth name)

Date: _____ **Signature:** _____

Email: mhiebert@apega.ca

Fax: (780) 426-1877

Mail: APEGA
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Edmonton AB T5J 4A2
Attention: Melisa Hiebert